



SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. ND. DER MD. DEP. DEP. IND. DEP. 11. TOTAL MD. TOTAL IND. TOTAL DEP. TOYAL CLAIMS _1 TOTAL DEP. TOTAL CLASS 13 1 26 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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